PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS"

or Fax (571) 273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP Certificate of Mailing or Transmission 600 South Avenue West I hereby certify that this Fee(s) Transmittal is being deposited with the United Westfield, New Jersey 07090 States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. William A. Di Rianca (Democitor's non /William A. Di Bianca/ (Signato October 27, 2009 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. SPINE 3.0-437 PPPPPPP I 10/663.487 09/16/2003 Joseph P. Errico 2429 CONII TITLE OF INVENTION: INTERVERTEBRAL SPACER DEVICE HAVING SIMULTANEOUSLY ENGAGEABLE ANGLED PERIMETERS FOR MANIPULATION USING A SURGICAL TOOL APPLN TYPE ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE Non-Provisional \$1,510,00 \$300.00 \$1.810.00 12/30/2009 no ART UNIT CLASS-SUBCLASS EXAMINER 3738 623-017110 B. E. Pellegrino 1. Change of correspondence address or indication of "Fee 2. For printing on the patent front page, list Lerner, David, Littenberg, Krumholz & Address" (37 CFR 1.363). (1) the names of up to 3 registered patent Mentlik, LLP attorneys or agents OR, alternatively, Change of correspondence address (or Change of (2) the name of a single firm (having as a member Correspondence Address form PTO/SB/122) attached. a registered attorney or agent) and the names of "Fee Address" indication (or "Fee Address" Indication up to 2 registered patent attorneys or agents. If no form PTO/SB/47: Rev 03-02 or more recent) attached. name is listed, no name will be printed. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SpineCore, Inc. Summit, New Jersey Please check the appropriate assignee category or categories (will not be printed on the patent): X Corporation or other private group entity Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): X Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order -# of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-1095 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature /William A. Di Bianca/ Date __ October 27, 2009 William A. Di Bianca 58 653 Typed or printed name Registration No.

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this correspondence is being transmitted via the Office electronic filing system in accordance with 37 CFR 1.6(a)(4):

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on October 27, 2009

Date

 /William A. Di Bianca/

 William A. Di Bianca

 Typed or printed name of person signing Certificate

 58,653
 (908) 654-5000

 Registration Number, if applicable
 Telephone Number

Note: Each paper must have its own certificate of mailing.

Issue Fee Transmittal (1 page) Charge \$1,810.00 to deposit account 12-1095